

SUBSTANCE ABUSE AGENCY MODEL (SAAM)

Fee For Service Reports

Q3 CY 2015

1. Providers Enrolled
2. Active Providers
3. Claims
4. Denials
5. Procedures
6. Diagnoses
7. Aid Category
8. Demographics

Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred With Runoff Quarter				QTR 3 2015
				Providers Enrolled
Provider Type NV Code	Provider Specialty NV Cd	Provider County	Provider ID and Name	
017	215	Carson City	100535028 CARSON CITY COMMUNITY COUNSELING CENTER	1
		Churchill	100535036 NEW FRONTIER TREATMENT CENTER	1
		Clark	100535029 COMMUNITY COUNSELING CENTER	1
			100535030 HELP OF SOUTHERN NEVADA	1
			100535031 HELP OF SOUTHERN NEVADA	1
			100535035 VITALITY UNLIMITED	1
			100535042 LAS VEGAS INDIAN CENTER INC	1
			100535044 BRIDGE COUNSELING ASSOCIATES	1
			100535047 WESTCARE NEVADA INC	1
			100535050 WESTCARE NEVADA INC	1
			100535052 WESTCARE NEVADA INC	1
			100537954 SOLUTIONS RECOVERY INC	1
		Douglas	100535380 TAHOE YOUTH AND FAMILY SERVICES	1
		Elko	100535033 VITALITY UNLIMITED	1
		Humboldt	100535045 VITALITY UNLIMITED	1
		Lyon	100535032 RURAL NEVADA COUNSELING	1
		Nye	100535049 WESTCARE NEVADA INC	1
			100539961 WESTCARE NEVADA INC	1
		Washoe	100535020 BRISTLECONE FAMILY RESOURCES	1
			100535034 VITALITY UNLIMITED	1
			100535038 QUEST COUNSELING AND CONSULTING	1
			100535039 TAHOE YOUTH AND FAMILY SERVICES	1
			100535041 FAMILY COUNSELING SERVICE OF NORTHERN NV	1
			100535043 RIDGE HOUSE INC	1
			100535046 STEP 2 INC	1
			100535048 WESTCARE NEVADA INC	1
			100535452 STEP 1 INC	1
			100541699 WESTCARE NEVADA RENO CIC	1
			Total	28

Providers Enrolled is the unique count of providers who are enrolled to provide services under the plan. This includes all providers authorized to provide services even if they have not provided services to any patients.

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Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred With Runoff Quarter			QTR 3 2015
			Providers
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Provider ID and Name	
017	215	100535020 BRISTLECONE FAMILY RESOURCES	1
		100535028 CARSON CITY COMMUNITY COUNSELING CENTER	1
		100535029 COMMUNITY COUNSELING CENTER	1
		100535030 HELP OF SOUTHERN NEVADA	1
		100535031 HELP OF SOUTHERN NEVADA	1
		100535032 RURAL NEVADA COUNSELING	1
		100535033 VITALITY UNLIMITED	1
		100535036 NEW FRONTIER TREATMENT CENTER	1
		100535038 QUEST COUNSELING AND CONSULTING	1
		100535041 FAMILY COUNSELING SERVICE OF NORTHERN NV	1
		100535042 LAS VEGAS INDIAN CENTER INC	1
		100535043 RIDGE HOUSE INC	1
		100535044 BRIDGE COUNSELING ASSOCIATES	1
		100535046 STEP 2 INC	1
		100535047 WESTCARE NEVADA INC	1
		100535049 WESTCARE NEVADA INC	1
		100535380 TAHOE YOUTH AND FAMILY SERVICES	1
		100535452 STEP 1 INC	1
		100537954 SOLUTIONS RECOVERY INC	1
		100539961 WESTCARE NEVADA INC	1
		100541699 WESTCARE NEVADA RENO CIC	1
		Total	21

Providers is the unique count of providers who performed any facility, professional, or pharmacy services.

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Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred With Runoff Quarter		QTR 3 2015			
		Claims Paid	Claims % Paid	Claims Denied	Claims % Denied
Provider Type Claim NV Code	Provider Specialty Claim NV Code				
017	215	7,253	83.25%	1,459	16.75%

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Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred With Runoff Quarter			QTR 3 2015
			Claims Denied
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Edit Error 1	
017	215	Procedure Requires Authorizati	490
		NUMBER OF PROCEDURES EXCEEDS N	183
		BILL ANY OTHER AVAILABLE INSUR	177
		Duplicate Payment Request - Sa	152
		Recipient Not on File	131
		Duplicate of History File Reco	127
		Recipient Not Eligible on DOS	92
		ENROLLED IN HMO	48
		Invalid or Missing Recipient I	23
		CLM DOC HAS TPL & > THAN 1	6
		Procedure Code Not on File	6
		Unknown Edit Err1 4720	5
		PROCEDURE DISAGREES WITH AUTHO	4
		Unknown Edit Err1 4721	3
		PAYMENT REQUEST FILED AFTER LI	2
		PROCEDURE MODIFIER DISAGREES W	2
		Unknown Edit Err1 0916	2
		CURR PROC. DUPL TO HIST(MAX AL	1
		Diagnosis Code Does Not Agree	1
		EOB DOES NOT MATCH CLM	1
		INVALID PROCEDURE/MODIFIER COM	1
		RECIPIENT NUMBER INCONSISTENT	1
		Unknown Edit Err1 1104	1
		Total	1,459

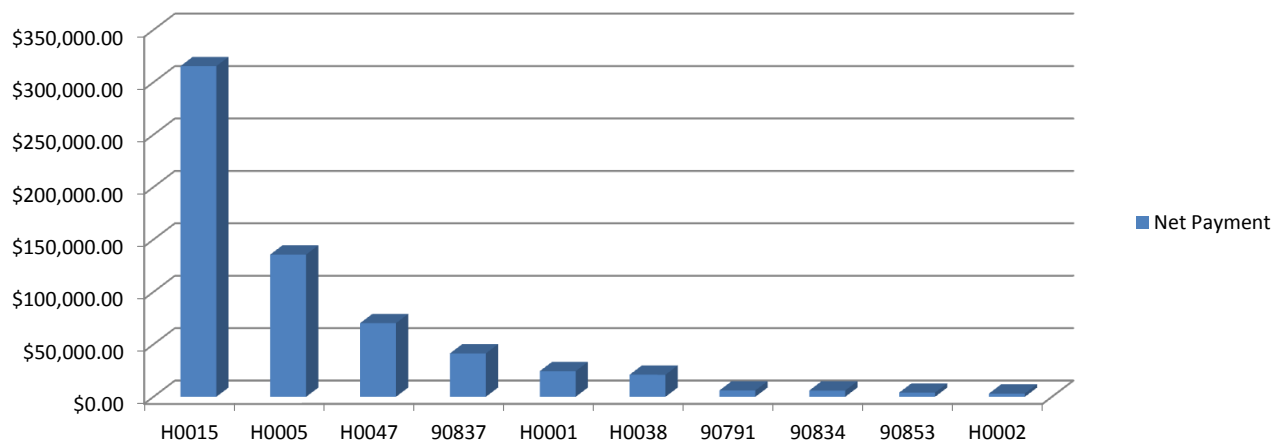
Edit Error 1 is the description for the edit error (claim denial reason) in the primary position. A single claim can have up to 30 different edit error codes. Error description may be incomplete due to limited character space in the reporting database.

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Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred With Runoff Quarter				QTR 3 2015		
				Patients	Service Count Paid	Net Payment
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Procedure Code	Procedure			
017	215	H0015	Alcohol/drug svc-intensive outpatient program	147	2,278	\$315,399.80
		H0005	Alcohol/drug services-group counsel by clinician	326	4,553	\$135,697.56
		H0047	Alcohol/drug abuse svc not otherwise specified	308	1,220	\$70,226.89
		90837	PSYCHOTHERAPY PATIENT &/ FAMILY 60 MINUTES	93	394	\$41,369.15
		H0001	Alcohol and/or drug assessment	176	177	\$24,464.30
		H0038	Self-help/peer services per 15 minutes	37	2,683	\$21,064.15
		90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	44	44	\$6,058.40
		90834	PSYCHOTHERAPY PATIENT &/ FAMILY 45 MINUTES	28	81	\$5,987.52
		90853	GROUP PSYCHOTHERAPY	20	133	\$3,940.20
		H0002	Behav health screen-eligibility for Tx program	101	101	\$3,107.77
		90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT	6	21	\$2,054.85
		90839	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	6	10	\$1,125.50
		90840	PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES	4	14	\$787.78
		H0049	Alcohol &/or drug screening	44	44	\$429.00
		99213	OFFICE OUTPATIENT VISIT 15 MINUTES	8	8	\$352.00
		H0007	Alcohol/drug services-crisis intervention-outpt	2	16	\$347.36
		90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	3	3	\$341.28
		90846	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT	2	4	\$325.68
		90833	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 30 MIN	7	7	\$266.42
			Total	1,362	11,791	\$633,345.61

**PT17 Specialty 215
Top 10 Procedures by Net Payment**



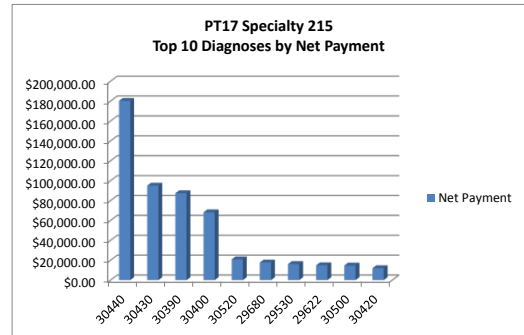
Net Payment is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.

Total Patient Count is not unique (i.e. patient counts may be duplicated across procedure codes).

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Time Period: Incurred With Runoff Quarter				QTR 3 2015		
				Patients	Service Count Paid	Net Payment
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Diagnosis Code Principal	Diagnosis Principal			
017	215	30440	Amphetamine & psychostimulant dependence NOS	233	3,851	\$180,218.13
		30430	Cannabis dependence NOS	89	1,311	\$94,962.82
		30390	Alcohol dependence NEC & NOS, unspecified	150	1,890	\$87,384.96
		30400	Opioid type dependence NOS	82	1,140	\$68,170.27
		30520	Cannabis abuse NOS	40	383	\$20,879.57
		29680	Bipolar disorder NOS	6	546	\$17,714.90
		29530	Paranoid schizophrenia NOS	5	115	\$16,151.75
		29622	Major depressive disorder, single episode, moderate	7	404	\$14,957.36
		30500	Alcohol abuse NOS	40	282	\$14,723.85
		30420	Cocaine dependence NOS	15	379	\$12,061.33
		29690	Episodic mood disorder NOS	4	189	\$12,045.88
		29632	Major depressive disorder, recurrent, moderate	6	105	\$10,986.92
		311	Depressive disorder NEC	2	74	\$10,069.31
		30480	Combination drug dependence excl opioid NOS	6	231	\$8,971.31
		30981	Posttraumatic stress disorder	20	97	\$8,954.74
		30410	Sedative/hypnotic/anxiolytic dependence NOS	6	88	\$8,868.11
		29633	Major depressive disorder, recurrent, severe	3	214	\$8,711.42
		29570	Schizoaffective disorder NOS	7	63	\$7,874.56
		30570	Amphetamine & sympathomimetic abuse NOS	15	147	\$6,306.18
		30441	Amphetamine & psychostimulant dependence, moderate	2	13	\$1,825.85
		30460	Drug dependence NEC NOS	1	11	\$1,544.95
		7999	Unknown cause morbidity/mortality NEC	7	41	\$1,537.39
		30928	Adjustment dis w mixed anxiety & depressed mood	6	13	\$1,499.88
		30401	Opioid type dependence, continuous	2	9	\$1,264.05
		29654	Bipolar I, recent depressed, sev w psych behav	1	8	\$1,123.60
		V7109	Observation suspected mental condition NEC	8	15	\$1,116.00
		30002	Generalized anxiety disorder	5	10	\$1,051.98
		31401	Attention deficit disorder w hyperactivity	4	8	\$990.44
		30550	Opioid abuse NOS	3	16	\$983.95
		30000	Anxiety state NOS	4	10	\$935.70
		29630	Major depressive disorder, recurrent NOS	2	7	\$916.62
		30021	Agoraphobia w panic disorder	1	11	\$888.30
		2929	Drug induced mental disorder NOS	3	26	\$865.61
		30431	Cannabis dependence, continuous	1	6	\$842.70
		29643	Bipolar I, recent manic, severe w/o psych behav	1	7	\$757.05
		3090	Adjustment disorder w depressed mood	1	6	\$597.40
		29500	Simple schizophrenia NOS	1	17	\$507.45
		3004	Dysthymic disorder	2	4	\$463.91
		29666	Bipolar I, most recent mixed, full remission	1	4	\$444.45
		29653	Bipolar I, recent depressed, sev w/o psych behav	1	3	\$421.35
		3099	Adjustment reaction NOS	2	3	\$352.84
		30560	Cocaine abuse NOS	1	2	\$280.90
		29623	Major depressive disorder, single episode, severe	1	2	\$247.61
		30924	Adjustment disorder w anxiety	1	2	\$216.30
		3094	Adjustment dis w mixed disturb emotion & conduct	1	2	\$216.30
		3093	Adjustment disorder w conduct disturbance	1	2	\$195.70
		31231	Pathological gambling	2	5	\$185.01
		30113	Cyclothymic disorder	1	5	\$177.18
		29572	Chronic schizoaffective disorder	1	1	\$140.45
		29644	Bipolar I, most recent manic, sev w psych behav	1	1	\$139.46
		29699	Episodic mood disorder NEC	1	1	\$139.46
		31400	Attention deficit disorder w/o hyperactivity	1	3	\$133.62
		30490	Drug dependence NOS, unspecified	2	4	\$119.40
		29642	Bipolar I, most recent episode manic, moderate	1	1	\$73.92
		30530	Hallucinogen abuse NOS	1	1	\$73.92
		29590	Unspecified schizophrenia NOS	1	1	\$30.77
		29631	Major depressive disorder, recurrent, mild	1	1	\$30.77
Total				813	11,791	\$633,345.61



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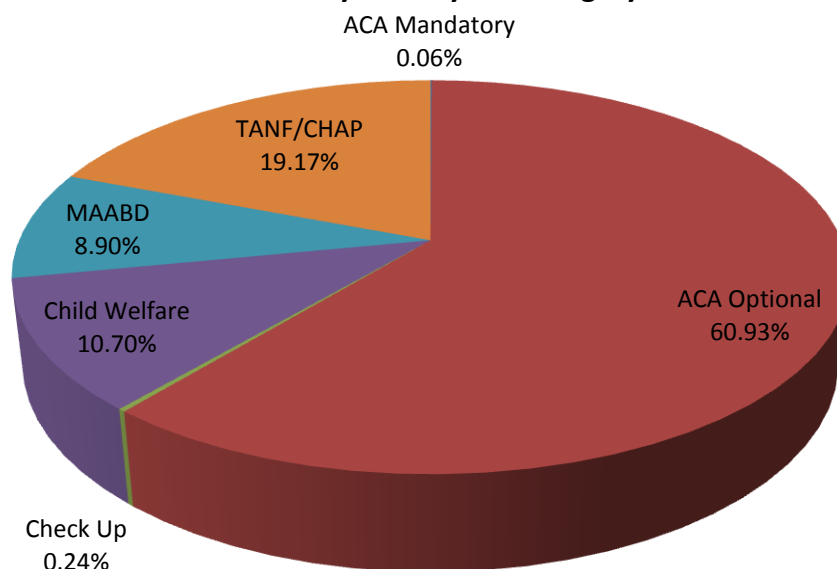
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Time Period: Incurred With Runoff Quarter			QTR 3 2015		
			Patients	Service Count Paid	Net Payment
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Category			
		ACA Mandatory	2	3	\$355.76
		ACA Optional	495	8,581	\$385,923.34
		Check Up	4	32	\$1,499.52
		Child Welfare	37	697	\$67,741.47
		MAABD	82	835	\$56,384.10
		TANF/CHAP	170	1,643	\$121,441.42
		Total	790	11,791	\$633,345.61

**PT17 Specialty 215
% Net Payment by Aid Category**



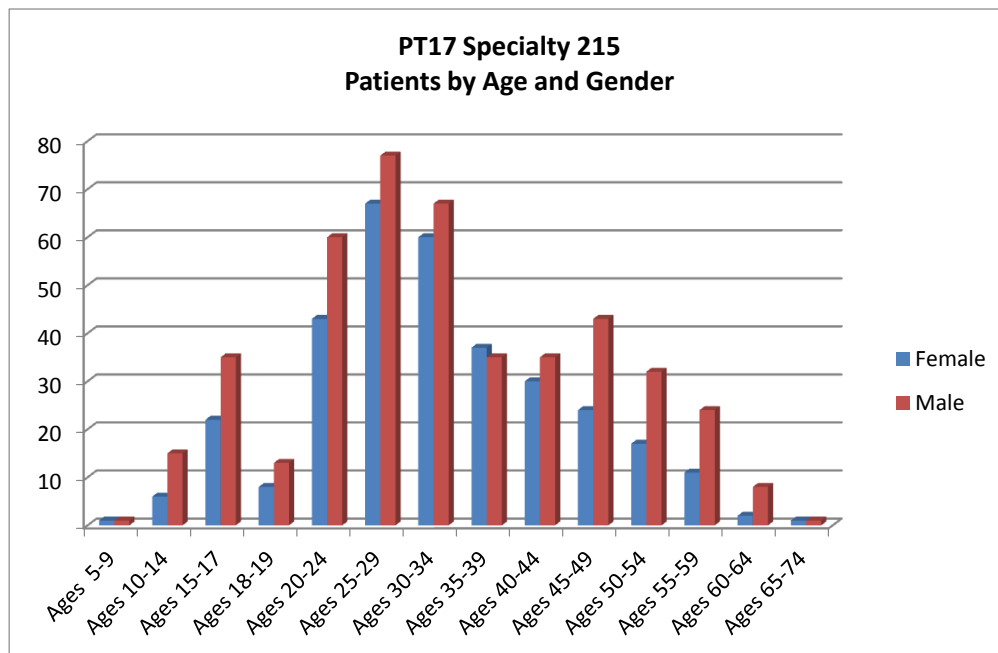
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Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred With Runoff Quarter			QTR 3 2015	
Gender Code			Patients	
			F	M
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Age Group Medstat		
017	215	Ages 5-9	1	1
		Ages 10-14	6	15
		Ages 15-17	22	35
		Ages 18-19	8	13
		Ages 20-24	43	60
		Ages 25-29	67	77
		Ages 30-34	60	67
		Ages 35-39	37	35
		Ages 40-44	30	35
		Ages 45-49	24	43
		Ages 50-54	17	32
		Ages 55-59	11	24
		Ages 60-64	2	8
		Ages 65-74	1	1
		Total	329	446



Note: there is a small amount of Patients that change age during the quarter and fall into more than one age group.

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